THE DEBT AND MENTAL HEALTH EVIDENCE FORM V3 (DMHEF)

USER GUIDE: CREDITORS

It is strongly recommended that this guide is read by creditors or their agents before the DMHEF is used for the first time.

Summary

This guide introduces creditors and their agents to the Debt and Mental Health Evidence Form (DMHEF) Version 3 and the Consent Form that is used with it.

In Section 1, the guide covers the following questions:

- 1a. What is the DMHEF?
- 1b. Why was the DMHEF created?
- 1c. What evidence does it collect?
- 1d. Who can use the DMHEF?
- 1e. How should the DMHEF be used?
- 1f. Who developed the DMHEF?
- 1g. Which creditors recognise the DMHEF?
- 1h. Is the DMHEF copyrighted?

In Section 2, the guide describes in detail the ten steps that creditors should take when using the DMHEF and its accompanying Consent Form.

In Section 3, the guide considers creditors' responsibilities under the Data Protection Act 1998 when using the DMHEF to collect medical evidence.

In Section 4, the guide provides answers to a series of other 'Frequently Asked Questions'.

Resources

The DMHEF V3, the accompanying Consent Form, this User Guide, and a one-page 'user flowchart' can all be downloaded at:

www.malg.org.uk
www.rcpsych.ac.uk/debt

Section 1

1a. What is the DMHEF?

The DMHEF is a standardised form that can help creditors or debt advisers collect high-quality and relevant medical evidence. It is used most effectively when:

A. an individual reports a mental health problem to a creditor or debt adviser

B. and the individual says that the mental health problem has impacted on their ability to manage their money

C. a debt adviser or collector has spoken in detail with the individual to establish how their ability to manage money has been impacted

D. but where despite this conversation, unanswered questions, concerns or doubts remain, or the individual's situation is complex and needs further exploration

E. and additional information therefore needs to be collected from a health or social care professional who knows the individual in order to help creditors decide what action they should take

F. and where the customer has given their explicit consent for such an approach to be made

The DMHEF should not automatically be used every time an individual reports a mental health problem. Instead, before making the decision to use the DMHEF, creditors and advisers should stop and consider whether:

(a) they could collect the information they need simply by talking in more detail with the individual about the reported situation;

(b) the time and resources it will take for the information to be collected is proportionate to the potential action being considered (e.g. if a relatively minor action is being considered, does this really require medical evidence to be collected?).

The Consent Form

The DMHEF is accompanied by a Consent Form – this must be read, signed and completed by the customer (or a third-party with the authority to act on their behalf).

By doing this, the customer is giving their explicit consent for a health or social care professional to complete the DMHEF. This is explained in more detail on P6-P9.

If the Consent Form is not (a) completed and signed by the customer and (b) shown to the health or social care professional, they are highly likely to refuse to complete the DMHEF.

1b. Why was the DMHEF created?

The DMHEF has been created in response to reports from creditor and advice organisations about difficulties in:

- collecting relevant and high-quality medical evidence from health or social care professionals
- which could help the creditor or advice organisation identify better and fairer decisions on what action to take when an individual reports that a mental health problem is affecting their ability to manage their money

The current version of the DMHEF is Version 3. It was launched on the 28th of November 2012. Previous versions of the DMHEF should no longer be issued, although creditors receiving older versions of the DMHEF should continue to accept these, as some people will not be aware that Version 3 of the DMHEF is now available. A common sense approach is needed.

1c. What evidence does the DMHEF collect?

The DMHEF asks eight basic questions (BOX 1). When completed by a health or social care professional who knows the individual, the DMHEF can provide relevant information about:

- how an individual's mental health problem affects their ability to manage their money
- any communication, support, or other relevant needs that the creditor and debt adviser should take into account.

BOX 1 The eight DMHEF questions

The DMHEF invites the health or social care professional to answer eight questions:

Q1. what is your relationship with the person reporting the mental health problem?

Q2. does the person have a mental health problem?

Q3. what is this mental health problem? If it has a name or diagnosis, what is it?

Q4. does the person have a mental health problem that affects their ability to manage their money?

Q5. if the person is receiving treatment or support for this mental health problem, does the treatment or support affect their ability to manage their money?

Q6. when communicating with the person, are there any special circumstances that a creditor needs to take into account?

Q7. what was the approximate date when (a) this mental health problem first started, (b) the first treatment was given, (c) the most recent episode took place, and (d) is the episode on-going?

Q8. is there anything else we should know about the person?

1d. Who can use the DMHEF?

The DMHEF can be used by creditors in situations where their customer agrees to collect medical evidence from a health or social care professional, and to then share this with the creditor.

The DMHEF can be used by debt advisers (a) in situations where the adviser is working on behalf of a client (case work) or (b) where the adviser is guiding an individual who is managing their own debt situation, including the communication and negotiation with creditors (assisted self-help).

The DMHEF is usually always given to a customer by a creditor, or a client by a debt adviser. However, members of the public may become independently aware of the DMHEF, and may arrange for a completed DMHEF to be submitted.

If this happens, the creditor or adviser should (a) check that the DMHEF is correctly completed by a health or social care professional (including a 'service stamp' or equivalent to verify its authenticity) and (b) use the completed DMHEF to start a conversation with that individual about their situation.

The DMHEF has not been designed for independent use by individuals who are either not receiving the assistance of a debt adviser, or who have not been issued a DMHEF by their creditor. We would recommend that individuals in this situation should always get the help of a debt adviser (see P16-P17 for contact details).

1e. How should the DMHEF be used?

There are ten steps that need to be taken when using the DMHEF. These are described in detail on P6-P9.

When using the DMHEF, creditors need to be aware of their responsibilities under the Data Protection Act (1998) in regards to processing health data. These are discussed in detail on P10-P11.

However, the Information Commissioner's Office has reviewed the DMHEF, and has approved it as keeping to the Data Protection Act 1998 (BOX 2).

BOX 2 Information Commissioner's Office statement

The following statement has been provided by the Information Commissioner's Office about the DMHEF:

> "It is important that creditor organisations and debt advisers have up-to-date, relevant and accurate information about consumers who have mental health problems.
>
> It is equally important that users of such information remain aware of the sensitivity of the data they are collecting, keep it secure, and use it only for the stated purpose.
>
> The DMHEF version 3 is a tool that enables the collection of this information, and it is clear that careful thought has gone into its design.
>
> We welcome the opportunity to have reviewed the form and accompanying Guidelines and we are sure that the form can be used in a manner consistent with the principles of good data handling as set out in the Data Protection Act 1998."

1f. Who developed the DMHEF?

The DMHEF has been developed by the Royal College of Psychiatrists and the Money Advice Liaison Group, in collaboration with creditors, debt advice agencies, mental health and social care professionals/organisations, people with experience of mental health and debt problems, and carers.

1g. Which creditors recognise the DMHEF?

The DMHEF is recognised in the Lending Code (sponsored by the British Bankers' Association, Building Societies Association, and The UK Cards Association), the Finance and Leasing Association's Lending Code, the Credit Services Association's Code of Practice.

It is recognised in The Financial Conduct Authority's Occasional Paper No 8 – on Consumer Vulnerability.

No agency or individual from the creditor, advice, or health/social care sectors is obliged to use the DMHEF. It has been designed as a voluntary tool to improve the collection of information.

1h. Is the DMHEF copyrighted?

MALG and the Royal College of Psychiatrists hold the copyright to the DMHEF. However, you are encouraged to use, photocopy, or disseminate the DMHEF in its entirety, as long as this is for non-profit making purposes only. If you wish to revise, alter, or reproduce questions from the DMHEF for any purpose, you will need to obtain the permission of MALG and the Royal College of Psychiatrists.

How should creditors use the DMHEF?

2a. Overview: the ten steps

There are ten steps involved in a creditor using the DMHEF:

1. a mental health problem is identified
2. the creditor finds out more about this
3. the creditor decides (a) whether medical evidence is needed and (b) whether the customer can collect this evidence
4. the creditor explains to the customer how the evidence will be used, and gets their explicit consent to collect evidence for this purpose
5. the creditor sends the customer a blank DMHEF, a blank Consent Form, a stamped addressed envelope (with the creditor's address on it) and a covering letter (template letter provided on P18 & 19- Appendix 1)
6. the customer reads and signs the Consent Form
7. the customer approaches a health or social care professional of their choosing to complete the DMHEF (and gives them the blank DMHEF, the signed Consent Form, and stamped addressed envelope)
8. the health or social care professional completes the DMHEF, and returns this (and the Consent Form signed by the customer) in the stamped addressed envelope
9. the creditor receives the completed DMHEF and customer consent form, and decides what action they will now take
10. the creditor (a) sends the customer a photocopy of the completed DMHEF and signed Consent Form to the customer for their records and (b) discusses the action they are now going to take with them

2b. The ten steps: detailed description

Step 1 a mental health problem is identified

The customer tells the creditor that they have a mental health problem that is affecting their ability to manage their money.

Step 2 the creditor finds out more about this

The creditor discusses with the customer:

- how the mental health problem affects their ability to manage money
- how the mental health problem affects their ability to communicate with their creditors
- whether anyone helps the customer manage their finances (such as a family member)

By asking a range of questions (not just limited to the above), the creditor should aim to develop a good understanding of the customer's situation.

Step 3 the creditor decides (a) whether medical evidence is needed and (b) whether the customer can collect this evidence

By this point, the creditor should have spoken with the individual to establish how their ability to manage money has been impacted by the reported mental health problem.

(a) If despite this conversation, unanswered questions, concerns or doubts remain, or the individual's situation is complex and needs further exploration, the creditor may consider that medical evidence needs to be collected.

When taking this decision, the creditor should check whether the customer has recently collected any medical evidence about their mental health problem (e.g. in response to a previous request from another creditor) either using the DMHEF or another method. If so, there may not be a need to collect 'fresh' medical evidence.

(b) The creditor should then assess whether the customer will be able to collect this evidence from a health or social care professional. If the customer is:

- able to collect this evidence, please continue to follow steps 4- 10 in this Guide. These steps describe how the customer and creditor should work together in order for evidence to be collected from a health or social care professional
- unable to collect this evidence, please do not follow steps 4-10 in this Guide. Instead, the customer will need to get help from an independent debt adviser (see P16-P17 for contact details), and they may need to be given additional time to arrange this. This adviser will work on the customer's behalf, and will approach the nominated health or social care professional to complete the DMHEF.

Step 4 the creditor explains to the customer how the evidence will be used, and gets their explicit consent to collect evidence for this purpose

Firstly, the creditor will need to explain to the customer how the medical evidence collected from the health and social care professional will be used. This includes an explanation of why the creditor wishes to collect this data, what the data will be used for, who the evidence might be shared with (e.g. the creditor's agent), how it will be securely stored, and how long it will be stored for. Without this explanation, the customer cannot know what they are consenting to, and consent therefore cannot be properly obtained.

Secondly, the creditor will need to ask the customer if they understand this explanation, and allow them to ask questions if necessary to clarify any points.
Thirdly, after doing this, the creditor should ask the customer for their explicit consent to process their information in this way. There may be additional steps or actions that your organisation requires you to take to record this explicit consent (see P10). However, you should always ask the customer to read, complete and sign the Consent Form that accompanies the DMHEF (Step 6).

Step 5 the creditor sends the customer a blank DMHEF, a blank consent form, and a stamped addressed envelope (with the creditor's address on it)

The creditor will need to send the customer the following:

- a blank DMHEF version 3
- a blank Consent Form (creditor version)
- stamped addressed envelope (with your organisations' address on it)

The creditor should always attempt to write the customer's contact details, the name of their organisation (and if appropriate any reference number) on the front of the DMHEF in the boxes provided.

Step 6 the customer reads and signs the Consent Form

By reading and signing the Consent Form the customer is giving their explicit consent for the health or social care professional to complete the DMHEF.

Unless the Consent Form is completed and signed, the health or social care professional should not complete the DMHEF.

The creditor should be aware that before signing the Consent Form, the customer may want to ask the creditor further questions about the DMHEF, including what will happen to their information, or with whom it might be shared.

It is important for creditors to remember that the Consent Form can also be completed and signed by a third party authorised to act on their behalf.

Step 7 the customer approaches a health or social care professional of their choosing to complete the DMHEF (and gives them the blank DMHEF, the signed Consent Form, and stamped addressed envelope)

The customer should decide which health or social care professional to approach for evidence. This should be someone who knows the customer in a professional capacity such as a general practitioner, psychiatrist,

nurse, psychologist, occupational therapist, social worker or another worker.
The customer should provide this health or social care professional with a completed and signed Consent Form, a blank copy of the DMHEF to complete, and a stamped addressed envelope with the creditor's address on it.

Step 8 the health or social care professional completes the DMHEF, and returns this (and the Consent Form signed by the customer) in the stamped addressed envelope

The health and social care professional completes, signs and stamps the DMHEF, and then returns this to the creditor in the stamped addressed envelope (along with a copy of the Consent Form signed by the customer).

Step 9 the creditor receives the completed DMHEF and the customer Consent Form, and decides what action they will now take

On its receipt, the creditor should read and check the DMHEF (ensuring it is signed and stamped by the health or social care professional to authenticate its completion and combat fraud).

The creditor should take into account the information in the DMHEF to help it make a decision on what action to take next. For credible information on a range of mental health problems, please visit www.rcpsych.ac.uk/debt

The creditor may also wish to store in its records the Consent Form signed by the customer.

Step 10 the creditor (a) sends the customer a photocopy of the completed DMHEF and signed Consent Form for their records and (b) discusses the action they are now going to take with the customer

The creditor should send a photocopy of the completed DMHEF and the signed Consent Form to the customer as soon as possible, as they will want to see what has been written about their mental health problem.

When doing this, the creditor should always strongly recommend to the customer that they send a copy of the completed DMHEF and a copy of the signed Consent Form to any other creditors they may have.

The creditor should also discuss with the customer the action they intend to take.

The Data Protection Act 1998

3a. Overview: creditor responsibilities

Creditors should be familiar with their responsibilities under the Data Protection Act 1998. These include (but are not limited to):

- obtaining explicit consent from the individual to collect evidence
- ensuring that record management is compliant with the Act - before using medical evidence that has been previously stored, you must check this evidence is still accurate, relevant and timely
- destroying any medical evidence that is no longer accurate, relevant or timely

3b. Explicit consent

A key responsibility for creditors under the Data Protection Act 1998 is ensuring that an individual has received an explanation of how their information will be processed, and that they have given their explicit consent for this processing to take place.

Explanations given by creditors to customers about how their information will be processed should cover why their data is being collected, and how (and when) their data will be recorded, used, shared, stored and deleted.

To confirm that they (a) understand this explanation and (b) agree to their data being processed in this way, the customer should be asked by the creditor to give their explicit consent.

There are numerous ways in which your organisation may wish to record this explicit consent for your own internal purposes (see below). However, the customer should always be asked to read, complete and sign the Consent Form and ensure it accompanies the DMHEF when the documents are submitted to the health or social care professional.

This Consent Form is always sent with the DMHEF to the health and social care professional, and indicates to the professional that the customer has given their explicit consent for the professional to complete the DMHEF. Unless the Consent Form is completed and signed, the health or social care professional should not complete the DMHEF.

As noted above, your organisation needs to record the customer's explicit consent for internal purposes. Provided you receive it from the customer, you may indeed do this. Sometimes this is obtained by telephone; sometimes it is received in writing. Whatever the method, organisations should have evidence to demonstrate that explicit consent was given, and that this was acquired in a fair and lawful manner.

Finally, once explicit consent has been obtained this will authorise you to store information about the individual on the basis that (a) this information will be securely stored and (b) it will be destroyed when no longer relevant.

3c. Record management

To comply with the Data Protection Act 1998, information should be kept on file for no longer than is necessary.

In practice, you must judge each case individually. For some individuals, episodes of poor mental health (which affect their ability to manage their money) may last for several months, while for others this could be longer. Consequently, you need to:

- review the information you hold about a customer
- assess whether that information still needs to be held[1]
- assess the likelihood that the information is still relevant and accurate

If information is no longer relevant or accurate, it should be either updated or securely destroyed or archived for future destruction. We are strongly recommending debt advisers to proactively notify creditors or their agents of any changes in the nature of their customers' mental health as promptly as possible, since creditors who are also lenders are permitted to use relevant and accurate existing information on file to assess applications for further credit.

We recommend to creditors that rather than using the DMHEF to routinely or automatically update their information about the customer's mental health problem, they should ideally ask the customer to provide this information. However, if there is a need to obtain medical evidence (e.g. the customer incurs a new debt), and the customer's situation has changed, then the DMHEF may be used to collect this medical evidence. Due regard should be given to the Financial Conduct Authority (FCA)'s Consumer Credit Sourcebook on "Mental Capacity CONC Rule 2.10(see also P12).

We strongly recommend that creditors refer to The MALG/Royal College of Psychiatrists' Briefing Note 4 that covers the issue of 'explicit consent' under The Data Protection Act in depth. It was issued on 3rd April 2013 and is entitled "Appropriately processing data from individuals with mental health problems under the Data Protection Act (1998). http://www.malg.org.uk/briefing.html

[1] In such cases relevant information about the mental health of the individual should be retained throughout the period of the debt only.

Frequently Asked Questions (FAQs)

4a. What should happen if the customer refuses to give their explicit consent?

If a customer is unwilling to give their explicit consent (including explicit consent to complete the Consent Form), then the process cannot continue.

The only exception may be if a third party is legally authorised to give consent on the behalf of a customer (for example, in cases where the customer lacks the mental capacity to make such a decision).

Health and social care professionals should not complete the DMHEF unless the consumer has given their explicit and written consent for this to happen.

The Information Commissioner's Office has made it clear that the responsibility rests with the health professional who should not complete the DMHEF without the consent of their patient.

4b. What, if any, bearing does the Financial Conduct Authority (FCA)'s Consumer Credit Sourcebook CONC Rule 2.10 "Mental Capacity" have on the processing of the DMHEF?

Much of the Office of Fair Trading's Guidance "Mental Capacity- Guidance for Creditors" has been transferred to the FCA Credit Sourcebook.

The law relating to mental capacity differs across the UK. In England and Wales, advisers should be familiar with the Mental Capacity Act 2005. In Scotland, the Adults with Incapacity (Scotland) Act 2000 applies. Northern Ireland does not have specific legislation relating to mental capacity and common law applies.

4c. Why doesn't the DMHEF contain a question asking the health or social care professional to estimate when an individual is likely to recover/return to work?

We understand that information about when a customer is likely to recover from their mental health problem/return to work would be valuable to some creditors and advisers.

However, estimates or 'prognoses' of such recovery/return to work are extremely difficult for health and social care professionals to provide:

1. Making a useful and accurate prognosis can be very difficult – consequently, health and social care professionals may be reluctant to make a statement about the likely progression of a person's mental health problem. This may particularly be the case if they do not know the patient (or their wider medical or social circumstances) well.

2. Individuals often experience mental health problems in different ways – for example, even though clinical guidelines might indicate that depression usually lasts up to a certain number of months, with the chance of repeated episodes afterwards, there will be large numbers of people who do not have this experience.

3. The inter-relationship between mental and physical health can complicate reaching an accurate prognosis – this adds an additional factor to the consideration. It also could involve an examination of the patient (which would require time, resources, and possibly payment).

4. There will be other social and economic factors (often unknown to the health or social care professional) that will impact on a person's recovery from a mental health condition, and which are difficult to incorporate into a prognosis.

Overall, making an accurate and useful prognosis can be very challenging for health and social care professionals. Furthermore, there is the probability that such a prognosis could be inaccurate, which would not help the creditor recover the debt or the individual get on top of their financial and mental health situation.

Consequently, the DMHEF does not include a 'prognosis question'.

4d. What about people with debt and mental health problems who are not in contact with a health or social care professional?

The DMHEF relies on information being collected from a health or social care professional. However, not every customer may be in contact with such a professional.

In these situations, a creditor may wish to recommend that an individual either registers or re-establishes contact with a General Practitioner.

It is important to remember that although an individual does not have contact with a health or social care professional, they may still have a mental health problem.

If a customer needs urgent assistance, or is in crisis as a direct result of the current state of their mental health, they (or the person working with them) should contact the Samaritans, Saneline, or the Rethink Advice Line (numbers under Part 5). If they, or anyone else, are in immediate danger of harm, the police emergency number (999) should be called.

If the need is less urgent, the individual concerned or the person working with them can still call the above organisations or call NHS Direct. Alternatively, the person can visit their General Practitioner.

Creditors or their agents should also consult and become familiar with their own internal policies on dealing with such emergencies.

4e. It is possible that the customer could receive a request for the completion of the DMHEF from a number of creditors and at different times - how could this be avoided?

Creditors should check with the customer concerned whether any medical evidence about their mental health problem has (a) already been recently collected or (b) is about to be collected for another creditor, a debt adviser, or a different organisation.

The creditor is also strongly recommended to advise their customer to send a copy of the completed DMHEF and the signed Consent Form to all their creditors. However, this may not happen in reality.

4f. I am a creditor who has received a photocopy of the DMHEF from a customer, but no other documentation – what should I do?

Customers may send photocopies of completed DMHEFs to their creditors. This is most likely to happen in situations where the customer has had a DMHEF completed at the request of another creditor, and the customer has then decided to send this to all their creditors.

Creditors are advised to review the submitted DMHEF, consider its contents, and to use this as the basis for a conversation with the customer about their situation.

In some situations, creditors who receive such a photocopied version of a completed DMHEF may not receive a photocopy of the signed customer Consent Form. It is vital to remember that this customer Consent Form only represents the consent that a customer gives to a health or social care professional to complete the DMHEF - it therefore represents a 'nice to have' rather than a legal requirement, and does not remove the legal responsibility of the creditor to obtain the customer's explicit consent for their health information to be processed by the creditor (as described on P6-P10 of this document).

4g. What happens if the client, having sight of the completed DMHEF from their health or social care professional, wishes to make a personal comment or statement about the information given?

The client can write a personal comment or statement that they supply to their creditor.

There is no longer any actual space allowed for such comments on the DMHEF, but this should not discourage individuals to comment if they wish.

4h. A creditor receives a completed DMHEF from the health professional of one of their customers, without any prior contact with the customer or any

previous knowledge of the health problems their customer may have been experiencing. A copy of the Consent Form that their customer supplied to the health professional may or may not accompany the completed DMHEF returned by the health professional. What action should the creditor take under such circumstances?

A creditor should always use the completed DMHEF as an opportunity to engage with the customer directly. There is no reason not to accept the medical information received on their customer.

For the creditor to record the medical details of the customer on their files, they will need to go through their own process of obtaining *explicit consent* from the customer.

It should always be remembered that the Consent Form that accompanies the DMHEF (even if returned to the creditor with the completed DMHEF), only gives the customer's consent for the health or social care professional to complete the DMHEF. It does not give the customer's *explicit consent* for anything else. In short, the creditor will need to go through their own process of obtaining *explicit consent* from the customer, including an explanation of how that customer's data will be used, stored, shared, and ultimately disposed of.

5. Useful Sources of Information

Useful resources

Advice UK

UK network of advice and information agencies
020 7469 5700 www.adviceuk.org.uk

Advice NI

Leadership, representation and support to independent advice organisations in Northern Ireland.
028 9064 5919 www.adviceni.net

Citizens Advice

Independent charities providing advice and information across the UK. Details of individual bureaux are available at:
England and Wales: www.citizensadvice.org.uk
Scotland: www.cas.org.uk
Northern Ireland: www.citizensadvice.co.uk

Money Advice Service

Telephone advice for clients eligible for Legal Aid, and hosts national directory of advice providers.
0845 345 4 345 http://moneyadviceservice.org.uk

StepChange Debt Charity (formerly The Consumer Credit Counselling Service)

Charity helping people who are over-indebted through free, independent, and realistic support.
0800 138 1111 www.**stepchange**.org

Law Centres

Independent organisations that employ lawyers and specialist advisers to assist clients in court.
www.lawcentres.org.uk

Money Advice Scotland

Can provide details of advice agencies in Scotland providing free, independent, confidential advice.
0141 572 0237 www.moneyadvicescotland.org.uk

National Debtline

Free, confidential and independent telephone advice on how to deal with debt problems.
0808 808 4000 www.nationaldebtline.co.uk

NHS information/helplines

24-hour nurse advice and health information service, providing confidential information on what to do if you or your family are feeling unwell; particular health conditions; local healthcare services.

England & Scotland- NHS 111: is the non-urgent number for out of hours care and information

www.nhsdirect.nhs.uk

Wales - NHS Direct: 0845 46 47 **www.nhsdirect.wales.nhs.uk/**

(Northern Ireland web-based information service
- **http://www.nidirect.gov.uk/check-ups-appointments-and-emergencies**

Payplan

Provides a free debt management service to people with debt problems.
0800 280 2816 www.payplan.com

Rethink National Advice Service

Advice for people with mental health problems.
0300 5000 927 www.rethink.org/advice

Royal College of Psychiatrists

The Royal College of Psychiatrists delivers programmes which make a difference to the everyday lives of people with mental health problems, and those working with them. Since 2006, we have run a research and intervention programme addressing the relationship between financial difficulties and mental health, including information for creditors and debt advisers.
www.rcpsych.ac.uk/debt

Samaritans

Support 24 hours a day. www.samaritans.org
UK08457 90 90 90
Republic of Ireland 1850 60 90 90

SANELINE

National, out-of-hours mental health helpline providing support and information.
0845 767 8000 www.sane.org.uk

StepChange Debt Charity (formerly The Consumer Credit Counselling Service)

Charity helping people who are over-indebted through free, independent, and realistic support.

0800 138 1111 www.**stepchange**.org

Appendix 1 standard template letter

STANDARD TEMPLATE LETTER FOR CREDITORS TO USE WITH THE DEBT & MENTAL HEALTH EVIDENCE FORM

DRAFT

Dear
[1]

Case reference Number
Outstanding Balance

We understand that you are experiencing mental health problems that are affecting your ability to manage your money.

To help us take the best course of action, we would like you to obtain some further information about this.

Who should you collect this information from?

The information should be provided by a health or social care professional who knows you. This person can be a doctor (e.g. GP, clinical psychologist, or psychiatrist), a nurse (including mental health nurses), a social worker, an occupational therapist, or any other qualified health or social care professional.

How should you collect this information?

To collect this information, please:

A. READ the enclosed Consent Form
B. SIGN the enclosed Consent Form if you agree that medical evidence can be collected
C. DECIDE which health or social care professional to ask for evidence
D. GIVE your chosen professional a signed copy of the Consent Form, a blank Debt and Mental Health Evidence Form, and the envelope that came with this

If the health or social care professional completes the Debt and Mental Health Evidence Form, they will send this to us together with a copy of the signed Consent Form. We will use this information to make a decision about the best course of action to take about your debts.

We will send you a copy of the completed Debt and Mental Health Evidence Form and the signed Consent Form. If you owe any other organisations money, you should send a photocopy of these forms to them.

[1] We strongly recommend that the customer is named at this stage rather than the use of sir/madam. As we know, if the customer is named at the beginning of the letter it should close with 'yours sincerely', which we have allowed for. If sir/madam is used at the beginning, then 'yours faithfully' would be appropriate.

What will we do with this information?

We will accept receipt of the completed Debt & Mental Health Evidence Form from you as your consent to us holding your health information on our records.

We would like to hold this personal information about you on our records as it will be very much for your own benefit. It will enable us to be immediately aware of your condition when contacting you and save you having to tell us about your health each time we make contact.

We may share the information with companies that we employ to collect debts on our behalf, or a debt purchase company that we might sell the debt to.

The information from the completed Debt and Mental Health Evidence Form will be deleted from our customer records once it is clear that the information is no longer relevant, or if it is likely to be out-of-date.

Finally…please tell us if anyone helps you

If you have someone else who helps or assists you manage your money, please let us know who that is.

This could be a carer, a family friend, or someone else who has the legal authority to act on your behalf in relation to your money matters. We will need a copy of this authority so that we can safely deal with this third party rather than yourself, if that is your choice.

We look forward to being of further assistance to you.

Yours sincerely

A named individual with position